

CSPD
Grant Application Form
Cover Page

Plan submitted by [list all applicable school(s), districts(s), or agencies]:	
Plan created by (list name and position of key personnel involved): Name: Position:	
Contact Person) list main contact person for correspondence between district/agency and grant committee): Name: School/Agency: Street Address: City, State, & Zip Work Phone: Fax: Email:	
This section for Office use only	
Date plan submitted:	Plan approved by:
Date plan approved:	

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Activities

Activities planned (please check all that apply):

- ☐ **Conference**
- ☐ **Workshop(s)**
- ☐ **Coaching/Collaboration**
- ☐ **Other (specify)**

Provide brief description of your plan (**Plan must include both teacher and student goals and objectives**).

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Evaluation

Describe how you will measure and evaluate both student progress and teacher improvement.

How do activities that will be funded by this grant support the school/district comprehensive Professional Development Plan as required by No Child Left Behind?

[illegible]

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Grant Application From

Assurances

What is the research base to support proposed grant activities? Citations will be sufficient.	
The following persons have read and support this application.	
* Superintendent	** School Title I Coordinator(if Title 1 school)
* District Special Education Director	** School ALS Coordinator(if applicable)
* District Curriculum Director	** University/IHE partner
* District Staff Development Director	* School Principal
* Required. Proposal will not be read if missing	** If applicable to your school/LEA